

TO: Department of Social Services
Central Office Employees

FROM: Astread Ferron-Poole
Affirmative Action Division

DATE: February 1, 2010

SUBJECT: Life Safety Workplace Accommodation

The Department of Social Services must maintain a listing of all individuals in the agency who need assistance during any building evacuation exercise.

If you are an individual in need of such assistance, you must provide your Name, Floor, Unit, and Phone Number. Please complete the form at the bottom portion of this memo and submit it to the Affirmative Action Division **immediately**. If you have a state-issued Handicap Parking Permit, submit a copy of it with your form.

The information you provide will be accessible to emergency personnel only and it will be kept **confidential** from all others. To add or remove your name from the 25 Sigourney Street emergency list, please contact Barbara Riley of the Affirmative Action Division at (860) 424-5040.

EMERGENCY ASSISTANCE REQUEST

COMPLETE AND SUBMIT TO DSS AFFIRMATIVE ACTION DIVISION

NAME: _____ (please print)

FLOOR: _____ **UNIT/DIVISION:** _____

PHONE: _____

SIGNATURE: _____ **DATE:** _____